15 p.m. 12-04-2019 1 1 / 04/2019 WED 14:57 FAX	288838 @001/001 C
Sp.m. 12-04-2019 1	
Mall or Fax a copy of this form to:	Need Assistance with completing the Form?
Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
PHONE (803) 896-5100 FAX (803) 896-5199	I
DATE: 12/4/2019	Class A Restricted Certificate
Please consider this a request to cancel my:	
Class C Taxi Certificate	
Class C Charter Certificate	3:24 PM
Class C Charter Bus Certificate	R.R.
Non-Emergency Certificate	RECEIVED DEC 0 4 2019
Class E Household Goods Certificate	0 4 20i9 C-2
Class E Hazardous Wastes Certificate	CLERK'S OFFICE
My Certificate Number Is 9856	
MIDLANDS MOYELS, LLC DBA	(If applicable)
(Name of Company)	(If applicable) e
550 ROSE SHARON DR.	of 1
(Street Address)	Mailing Address If different from Street Address)
LEXINGTON, S.C. 29072 (City, State, Zip Code)	
(City, Státe, Zip Code)	(Clty, State, Zip Code)
803 - 957 - 3443 (Telephone Number)	(Signature)
	DHINER
	(Title) Owner, President, etc.